

COMMUNITY PSYCHIATRY IN MALTA - 1996

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Community psychiatric services have been gradually developing in industrialised countries for the past forty years. Although still backward, Malta has taken its first tentative steps and will hopefully catch up within the not too distant future.

Community services were initially stimulated by the drive towards deinstitutionalisation promoted by humanitarianism, a change in social attitudes and the advent of potent neuroleptics. The mentally ill today are recognised as participating members of society with equal rights and privileges.

Furthermore it is now recognised that there is a high prevalence of mental disorder in the community. This although not falling under the umbrella of severe mental illness still causes a high degree of distress and disability.

The policy document on Mental Health Reform launched in 1995 commits the Maltese Government and the Department of Health to develop community services. A pilot project has been launched in the area of Qormi, Zebbug and Siggiewi with the clear intentions of subsequently generalising this to the whole country. Community services are being developed at two levels of equal importance:- Generalist services at the Primary Care level and specialised services at the levels of Secondary and Tertiary care.

Primary Care

WHO strongly promotes the development of primary care mental health services to address high levels of morbidity. Research in developed countries shows that 30% of individuals will suffer from psychiatric or psychological morbidity of a degree that requires intervention in one year. Of these, only half are recognised by GP's, only a quarter are given treatment and only one tenth are treated adequately.

The ensuing disability has marked negative personal, familial, social and economic implications.

This is being addressed in the pilot area. GP's, community nurses and social workers are trained in the skills of diagnosis and management of common psychiatric and psychological problems. They are further trained in providing support to each other and working together in teams.

Secondary and Tertiary Care

This is provided by specialist services including those of psychiatrist, psychologist, psychiatric social worker, psychiatric nurse and occupational therapist. It is directed towards people with severe mental disorder and disability. Specific aims include early intervention with prevention of deterioration, avoidance of hospitalisation, community integration, empowerment and a high quality of life.

Services can be broadly divided into two: an acute, shorter term, assessment and treatment orientated facility and a supportive, longer term, management and maintenance orientated service. A proper infrastructure and adequate personnel are required with effective coordination and integration at all levels. A discussion of these with a description of the Maltese context and situation follows.

The infrastructural needs are various and include in-or day-patient units, residential places, day centres, occupational facilities, and long-stay facilities. Day centres provide a space for constructive daily activity and avoidance of boredom. Regular attendance also relieves the family of stress allowing respite and further ability to cope. A day centre is present in the pilot area.

For those without close family ties or in cases where the family cannot provide abode for personal, familial or clinical reasons, places of residence are paramount to prevent long term hospital stay. This could otherwise become a sentence for life. Needs for supervision vary. Social functioning may be good enough to ensure that basic needs are met in an autonomous way. In other cases supervision and support will be necessary to ensure personal care, domestic chores, shopping, cooking and budgeting. Thus a variety of facilities proving a continuum of different levels of residential support, rather than one particular type of unit, are necessary.

With the aim of movement away from mental hospital structures, out-patient clinics take place in the general hospital and also in peripheral health centres, all over Malta. Also a "community" oriented in-patient ward is available in St. Luke's Hospital in the form of the Psychiatric Unit and it is planned that all acute admissions will be admitted to a specially developed psychiatric complex in St. Luke's within a few years. In Gozo a new psychiatric complex next to Gozo General Hospital was opened two years ago.

However a proper community service will depend finally and most importantly on its personnel. Psychiatric illnesses are characterised by a chronic waxing and waning or intermittent course which is markedly influenced by personal and environmental stress and by major life events. Also most patients live in their own homes and the burden on carers is considerable. In this field a keyworker is indispensable.

Usually a nurse or social worker, he or she develops a therapeutic relationship with patient and carers, earns their trust and provides a personalised service. Education about the illness is followed up by discussions of risk and vulnerability factors. Stress management and coping strategies in order to deal with and avoid precipitating and perpetuating situations are taught. Subjects are regularly assessed and monitored and if necessary helped in times of crisis. Default is followed up by active pursuit. Evidence of relapse requires prompt intervention to prevent further deterioration, jeopardy of relationships and occupation, as well as the revolving door scenario of repeated hospital discharge and admission.

Carers will decompensate and develop marked fatigue and tension in situations of prolonged stress and this in turn will have a further deleterious effect on the patient. Caring for the carers with professional support, guidance and if necessary organisation of respite is another salient role of the community health worker. And because all resources should be utilised with an aim towards full support and holistic care, liaison between keyworker and the person's general practitioner is important.

Work provides the individual with dignity, a sense of achievement and fulfillment, constructive activity and financial independence. These aspects play an important role in rehabilitation and community integration. A scheme is available where sufferers are registered as disabled with the Social Services Department and Employment and Training Corporation. These are then provided with suitable work in the state and private sector when places of work are available.

In the Pilot Area there is a well developed 'interface philosophy' where primary and secondary teams meet regularly, provide support and cross refer to each other. This allows efficiency, effectiveness and maximum utilisation of resources.

Finally an excellent service is one which is well coordinated with other services of the state as well as with the motivated and dynamic resources of the voluntary sector. The Richmond Fellowship has this year inaugurated its first unit for rehabilitation of people with severe mental illness and related marked disabilities. This is situated at Villa Chelsea in B'Kara. The Schizophrenia Association provides an important role with regular invaluable meetings for family members of patients with severe mental illness. Caritas holds a 'Thursday Club' in Floriana directed at socialisation and peer support for patients in the community.

In the opening paragraph it was pointed out that community psychiatric services in Malta are still in their infancy but making their first tentative steps. It is expected and hoped that within the next decade the service would have overcome its 'teething' troubles and reached maturity.